

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL IND.							TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	84					
TOTAL CLAIMS							TOTAL CLAIMS	89					